MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12641
195

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel
STREET ADDRESS (If rural, give location) All Saints Rd R.F.D

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Breen	11	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 19, 1900	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Skilled Laborer	Machinery	Md	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J Breen	Katherine Spray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Mary E Breen 1206 9th St S.E Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
3220 Immediate cause (a) Acute Alcoholism	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Vascular Disease	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (alcohol)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Laurel (Rural)	Howard.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Burgtorf M.D.	Ellicott City. Md.	11-21-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-24-52	St Mary's	Laurel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/52	Mamie Shipley	Mackley-Selby	410 Baltimore Blvd Laurel Md

VS. 4-1-51

RECEIVED
DEC 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12641

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescent Retreat Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6201 York Road

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) N. (Last) COLLINS

4. DATE OF DEATH: (Month) (Day) (Year) November 24, 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 15, 1878

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Parry

14. MOTHER'S MAIDEN NAME: Isabelle Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Florence Collins, 6201 York Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic C V Disease	5yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pneumonia	1 yr.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 19 52, to 11/24, 19 52, that I last saw the deceased alive on 11/24, 19 52, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jos. A. Cochrum, M.D. ADDRESS Ellicott City DATE SIGNED 11/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/26/52

NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 11/25/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

D.N.R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Tues - a.m.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12642

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
STREET ADDRESS (If rural, give location) Ivory Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	Warfield	Dorsey	Nov.	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	Col.	Married	May 1, 1882	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Md.	U. S. A.

13. FATHER'S NAME: Peter W. Dorsey
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Florence Dorsey - West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 wk
610 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Benign Hypertrophy of Prostate	3 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senilitas	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1950, to 11/12, 1952, that I last saw the deceased alive on 11/10, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. W. Hentzen	M.D.	Sykesville, Md.	11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11-16-52	Bushy Park	Centreville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 15, 1952	Alice W. Hebb	Wm. J. Haight - Sykesville, Md.	
		Luther A. Haight	

VS-ALL

RECEIVED
NOV 21 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12643

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural, give location) Ilchester Road

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) AGNES (Last) EDSON

4. DATE OF DEATH: (Month) November (Day) 7, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: October 4,1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Dasher

14. MOTHER'S MAIDEN NAME: Mollie Dasher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Frank Edson, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	3 days
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic vascular disease	10 yrs.
	(c) Cerebral vascular accident	9 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940, to Nov. 6, 1952, that I last saw the deceased alive on Nov. 6, 1952, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE Jos. G. Kerkman, M.D. (Degree or title) ADDRESS Ellicott City, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 9,1952.

NAME OF CEMETERY OR CREMATORY: St. John's Lutheran Cem.

LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Nov. 8,1952

REGISTRAR'S SIGNATURE: John B. Longman. Pub. H. E. L.

24. FUNERAL DIRECTOR AND ADDRESS: Easton Sons, Ellicott City, Md.

RECEIVED
NOV 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12644 195

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups (rural); LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS One Spot on Rt.1 1 mile south of Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rhode Island; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Kingstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	D.	GAVITT	11-13-52 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	Nov. 19, 1906	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	North Kingstown, R.I.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J.Gavitt	Rhoda Cord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW 2	244-16-5348	Army Discharge

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
490X Immediate cause (a) Lobar Pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none	
(c) none	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E Bingham M.D (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner for Howard County Ellicott City,Md. 11-15-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-52	Baltimore National	Baltimore,Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 15, 1952	John B. Laughman Per. B. E. L.	F.C.Higinbothom,Ellicott City,Md. Frank Shipley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 24 1982
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffers Convalestant Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural); STREET ADDRESS (If rural, give location) Rt. 144 Pine Orchard

3. NAME OF [redacted] (Type or Print): (First) CLARENCE (Middle) MELVIN (Last) HOUCK

4. DATE OF DEATH (Month) 11-23-52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-30-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steel Mill

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mills

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Houck

14. MOTHER'S MAIDEN NAME: Annie Phoebus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Blossie Houck, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV Disease — Interval Between Onset and Death: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 35, to Nov. 23, 19 52, that I last saw the deceased alive on Nov. 23, 19 52, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ira A. Kortman, M.D. ADDRESS Ellicott City Md. DATE SIGNED 11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-26-52 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: Dec 25, 1952 — REGISTRAR'S SIGNATURE: John B. Loughran. Pub. B.E.L.D

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY Howard Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (Howard R.)
STREET ADDRESS (If rural, give location) 2208 Beachfield Ave

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Keener

4. DATE OF DEATH (Month) (Day) (Year) Nov 30 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Sep. 22, 1894 | 9. AGE last birthday 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Herchell Keener 2208 Beachfield Ave Harwood Park, Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Left Lung — 1 yr 7 mo

1927 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Brain — 6 mo

(c) Lung Condition Unknown — 2 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1952, to Dec 3, 1952, that I last saw the deceased alive on Nov 24 1952, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12/3/52

D. H. Blumberg M.D. 609 Equitable Bldg. Balto

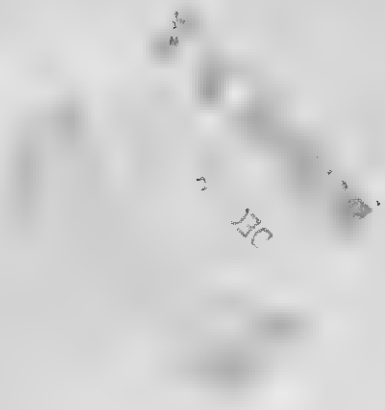
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF Dec. 3, 1952 | NAME OF CEMETERY OR CREMATORY George Washington Mem. Park | LOCATION (City, town, or county) (State) Prince George County Md

DATE REC'D BY LOCAL REG. 12/3/52 | REGISTRAR'S SIGNATURE John B. Laughran | 24. FUNERAL DIRECTOR W. W. Chambers | ADDRESS Riverdale, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hunt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural, give location) Hunt Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ARTHUR (Last) RIDGELY

4. DATE OF DEATH: (Month) (Day) (Year) 11-28-52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-25-1899

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Installer

10b. KIND OF BUSINESS OR INDUSTRY: C&P Tel. Co

11. BIRTHPLACE (State or foreign country): Howard County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Ridgely

14. MOTHER'S MAIDEN NAME: Catherine Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Myrtle Ridgely, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Respiratory Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Accident

(c) Malignant Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to 27 Nov., 1952, that I last saw the deceased alive on 11-28, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William A. Bryan M.D. ADDRESS 4605 Edmondson Ave Balto Md DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-1-1952

NAME OF CEMETERY OR CREMATORY St. Johns

LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. Nov. 30, 1952

REGISTRAR'S SIGNATURE John B. Loughman. Per. B. E. L.

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. John's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) St. John's Lane

3. NAME OF DECEASED (Type or Print): (First) CLAUDIE (Middle) JANE (Last) ROBBINS

4. DATE OF DEATH: (Month) November (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 26, 1952

9. AGE last birthday: yrs. — If under 1 year: Months 4, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Houston E. Robbins

14. MOTHER'S MAIDEN NAME: Mae Delp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Houston Robbins, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — Immediate.

7514.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — — Onset 7/26/52

(c) Congenital Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952 to 26 Nov, 1952, that I last saw the deceased alive on 24 Nov, 1952 and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE: William F. Sasscer — (Degree or title) M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 11/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE REC'D BY LOCAL REG.: Nov. 28, 1952 — REGISTRAR'S SIGNATURE: John B. Langhan — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City, Md.

102-1405 — Per. B. E. Co

Item 21 Film G149 12-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rogers Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Rogers Ave.

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) JANE (Last) SCOTT

4. DATE OF DEATH: (Month) 11-5-52 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-21-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fryfogle

14. MOTHER'S MAIDEN NAME: Marian Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William W. Scott, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Burns, due to hot water, 10/20/52	2 wks.
	(c) Diabetes Mellitus	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 2 wks ago m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell against stove in her home upsetting large pan of boiling water which fell over on her as she lay on floor.

22. I hereby certify that I attended the deceased from Oct. 20, 1952 to Nov. 5, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: William F. Sassaman (Degree or title): M.D. ADDRESS: Ellicott City, Md. DATE SIGNED: 11/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-9-52
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Nov 7, 1952
REGISTRAR'S SIGNATURE: John B. Langham. Pro. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City Rural
STREET ADDRESS (If rural, give location): Waterloo Road

3. NAME OF DECEASED (Type or Print): (First) EMMETT (Middle) H (Last) SMALLWOOD

4. DATE OF DEATH: (Month) (Day) (Year) 11-3-1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-25-1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias Smallwood

14. MOTHER'S MAIDEN NAME: Mary Harryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs.A.L.Smallwood, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1 yr.

422-2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1st, 1951, to Nov. 3rd, 1952, that I last saw the deceased alive on Nov. 3, 1952 and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley, M.D. (Degree or title) — ADDRESS: Savage, Md. — DATE SIGNED: 11/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11-6-1952 | NAME OF CEMETERY OR CREMATORY: Trinity Chapel | LOCATION (City, town, or county) (State): Pfeiffers Corner, Md.

DATE REC'D BY LOCAL REG.: Nov. 5, 1952 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom, Ellicott City, Md.

Item 7 Film 3148 11/10/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 27-195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups, (Rural) — LENGTH OF STAY (In this place) One Spot
HOSPITAL OR INSTITUTION OR STREET ADDRESS US# 1 One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 955 Iola St. ✓

3. NAME OF DECEASED (Type or Print): (First) Douglas (Middle) G. (Last) Smith

4. DATE OF DEATH: (Month) 11/1/52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Cloored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6/29/27

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pvt Aus

10b. KIND OF BUSINESS OR INDUSTRY: Army

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Smith

14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Post Personnel Officer, Ft Geo G Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck, — Interval between onset and death: Instant

8124 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of right leg
Marked abrasion, riht abdomen

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US # 1

(CITY OR TOWN) One Spot, (COUNTY) Jessups, (STATE) Ho. Co. Md.

TIME OF INJURY: (Month) 11/1/52 (Day) (Year) (Hour) 10:30 P.M.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Deceased walked into Road and struck by car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY: Geo E Burgoyne M D — Ellicott City, Ho. Co Md. — 11/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF ✓ — NAME OF CEMETERY OR CREMATORY ✓ — LOCATION (City, town, or county) (State): Dayton, Ohio

DATE REC'D BY LOCAL REG. 2 Nov 1952 — REGISTRAR'S SIGNATURE [illegible] Capt MSC

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave. Baltc., Md

11-5-52 Frank B Shipley

HA-15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 43 Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): 43 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) GRIFFITH (Last) STROMBERG

4. DATE OF DEATH: (Month) 11-4-52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-21-1892

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Publisher

10b. KIND OF BUSINESS OR INDUSTRY: Weekly News Papers

11. BIRTHPLACE (State or foreign country): Clarksville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Antony Peter Stromberg

14. MOTHER'S MAIDEN NAME: Mary Ellen Flanigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Chas. L. Gerwig, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Quite

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion — 1950

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 50, to Nov 4 19 52, that I last saw the deceased alive on Nov 4, 19 52, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Lenghan, M.D. Ellicott City, Md. 11/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-7-52 | NAME OF CEMETERY OR CREMATORY: St. Johns | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Nov 6, 1952 | REGISTRAR'S SIGNATURE: John B. Lenghan. Per J.B.E.L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ½ mile south of Elkridge on Rt. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Ann Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) V (Last) SUNDAY

4. DATE OF DEATH: (Month) (Day) (Year) 11-20-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 5-28-1892

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Mother

10b. KIND OF BUSINESS OR INDUSTRY: Crownsville State Hospital

11. BIRTHPLACE (State or foreign country): Frederick Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ralph M. Sunday, Crownsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture of Skull Right Parietal area	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compd. fractures both tibias, Internal injuries — Instant

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway Rt. 1 (CITY OR TOWN): Elkridge (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-20-52 2.45 P.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pedestrian struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

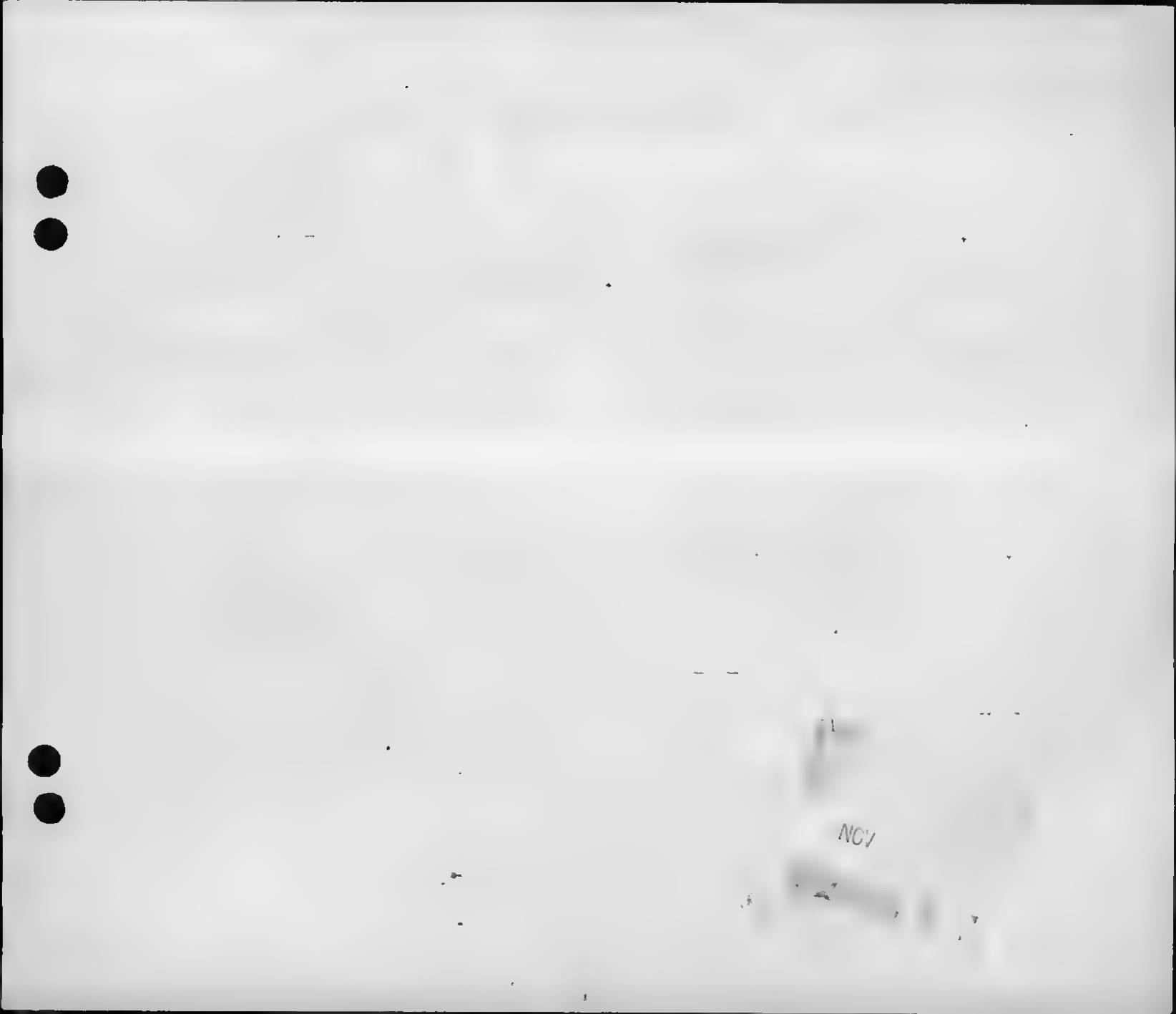
SIGNATURE George L. Bunford M.D. (Degree or title) ADDRESS: Deputy Medical Examiner for Howard County Ellicott City, Maryland DATE SIGNED: 11-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: Nov. 24, 1952; NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory; LOCATION (City, town, or county) (State): Washington, District of Col.

DATE REC'D BY LOCAL REG.: Nov. 22, 1952; REGISTRAR'S SIGNATURE: Mrs. E. Bird Willis

24. FUNERAL DIRECTOR: M.R. Etchison & Son; ADDRESS: Frederick, Maryland

VS-A15A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12654

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
LENGTH OF STAY (in this place): 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Watersville
STREET ADDRESS (If rural, give location): R.F.D. Mt. Airy ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wiley (Last) Thacker
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 8, 1876
9. AGE last birthday: 76 yrs.
If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown Thacker
14. MOTHER'S MAIDEN NAME: Mattie unknown Thacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 224-03-8055
17. INFORMANT AND ADDRESS: Hal. H. Thacker, Lisbon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease with hypertension & chronic nephritis	5 years
420.0 (151X)	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Possible carcinoma of the stomach

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: (Suspicious x-rays but not confirmed.)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 19 52 to Nov. 30, 19 52 that I last saw the deceased alive on Nov. 29, 1952, 19..., and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE: M. McKendree Boyer M.D.
(Degree or title)
ADDRESS: Druid Theatre Building, Damascus, Maryland.
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 2-52
NAME OF CEMETERY OR CREMATORY: Mt. Tabor
LOCATION (City, town, or county) (State): Etchison, Montg. Co. Md.

DATE REC'D BY LOCAL REG.: 12-2-52
REGISTRAR'S SIGNATURE: E. Pearl Spencer
24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.

RECEIVED
DEC 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12655

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; STREET ADDRESS (If rural, give location) 5612 main St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Lewis (Last) Thompson

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 31-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter Plastering Office

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A Thompson

14. MOTHER'S MAIDEN NAME: Mary Wilds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): U.S Nat Guard

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Grace B. Thompson 5612 main St Elkridge 27 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary occlusion — 15 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arterio sclerosis — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1 1952., to Nov 4, 1952, that I last saw the deceased alive on Nov 4, 1952, and that death occurred at 12:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title); ADDRESS; DATE SIGNED

Dr B B Brumbaugh 1609 main St Elkridge 27 Md 12/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/7/52; NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.; LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: 11/5/52; REGISTRAR'S SIGNATURE: A D Redual; 24. FUNERAL DIRECTOR; ADDRESS: Wm. J. Tickner & Sons Balto 17, Md.